

INSTRUCTIONS FOR COMPLETING "MOTION REGARDING SUPPORT"

Items **(A)** through **(J)** must be completed before your motion can be filed with the court. please complete **ONLY** these items. Read the instructions carefully for each item. Read the instructions carefully for each item. Then fill in the correct information for that item on the form. Please print neatly in **black ink**.

- (A)** Before you fill in the Case Number, get your court papers for divorce, separate maintenance, paternity, or family support (your order) and copy the Case number from those court papers onto this form. If you no longer have a copy of your court papers, you may obtain one from the County Clerk's office.
- (B)** Also, use your court papers to fill in the "Plaintiff" and "Defendant" boxes and if applicable, the "Third Party" box. Copy the names from these court papers onto this form. For example, if your name is the "Plaintiff" on your court papers, then you should write your name in the "Plaintiff" box on this motion form.

You are the "moving party". Once you have written the names where they belong, you must check the box "moving party" in the same box as your name.
- (C)** **Check only one box.** Check your court papers carefully to find out if there is any information in it about support. If there is information about support, check box "a". If there is no information about support, check box "b".
- (D)-(F)** Check these boxes **only** if you checked a box in **(C)** above. Read your court papers to determine who was ordered to pay support, child care, and health care; how much; and how often. Write this information here.
- (G)** Check this box only if you checked a box in **(C)** above and conditions have changed that require a change in support. Explain in as much detail as possible what has happened. Attach a separate sheet if necessary.
- (H)** Check this box if you and the other party have agreed to start support or make changes in the support. Explain in as much detail as possible what you have agreed upon.
- (I)** You need to explain in as much detail what you want the court to order. If you checked **(H)** above, check the box "same as 6 above". Otherwise, write in the details.
- (J)** Write in today's date and sign your name.

The fee for this motion is \$60.00, which includes a \$20.00 filing fee and \$40.00 judgment fee. Make check or money order payable to **Clerk of the Court**.

Once you have completed the Motion Regarding Support form, send the entire form along with the appropriate filing fee to the Friend of the Court in the county handling your support order. Please provide two (2) copies of any additional attachments.

Upon receipt, the Friend of the Court office will file the motion and schedule a hearing date and time with the court. The Friend of the Court will also send copies of the motion and notification of hearing date and time to all parties.

Approved, SCAO

Original - Court
1st copy - Other party
2nd copy - Moving party

3rd copy - Friend of the court
4th copy - Proof of service
5th copy - Proof of service

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

MOTION REGARDING SUPPORT

(A) CASE NO.

Court address

Court telephone no.

<p>(B) Plaintiff's name, address, and telephone no. <input type="checkbox"/> moving party</p> <p>Third party name, address, and telephone no. <input type="checkbox"/> moving party</p>	v	<p>Defendant's name, address, and telephone no. <input type="checkbox"/> moving party</p> <p>(C) 1. <input type="checkbox"/> a. On _____ a judgment Date or order was entered regarding support. <input type="checkbox"/> b. There is currently no order regarding support.</p>
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- (D)** ☐ 2. The ☐ plaintiff ☐ defendant is ordered to pay support of \$ _____ each _____ week, month, etc.
- (E)** ☐ 3. The ☐ plaintiff ☐ defendant is ordered to pay child care of \$ _____ each _____ week, month, etc.
- (F)** ☐ 4. The ☐ plaintiff ☐ defendant is ordered to pay health care of \$ _____ each _____ week, month, etc.

(G) ☐ 5. Conditions regarding support have changed as follows:
Use a separate sheet to explain in detail what has happened and attach. Include all necessary facts.

(H) ☐ 6. _____ and I have agreed to support as follows:
Name
Use a separate sheet to explain in detail what you have agreed on and attach. Include all necessary facts.

(I) 7. I ask the court to order that support be paid as follows: ☐ See 6. above for details.
Use a separate sheet to explain in detail what you want the court to order and attach.

(J) _____
Date Moving party's signature

NOTICE OF HEARING

A hearing will be held on this motion before _____
Judge/Referee

(K) on _____ at _____ at _____
Date Time Location

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

NOTE: If you are the person receiving this motion, you may file a response. Contact the friend of the court office and request form FOC 51.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to the last-known addresses as defined in MCR 3.203.

(L) _____
Date Moving party's signature